

Acute Alcohol and Cognition:

Remembering What It Causes Us to Forget

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Abstract

Addiction has been conceptualized as a specific form of memory that appropriates typically adaptive neural mechanisms of learning to produce the progressive spiral of drug-seeking and drug-taking behavior, perpetuating the path to addiction through aberrant processes of drug-related learning and memory. From that perspective, to understand the development of alcohol use disorders it is critical to identify how a single exposure to alcohol enters into or alters the processes of learning and memory, so that involvement of and changes in neuroplasticity processes responsible for learning and memory can be identified early on. This review characterizes the effects produced by acute alcohol intoxication as a function of brain region and memory neurocircuitry. In general, exposure to ethanol doses that produce intoxicating effects causes consistent impairments in learning and memory processes mediated by specific brain circuitry, whereas lower doses either have no effect or produce a facilitation of memory under certain task conditions. Therefore, acute ethanol does not produce a global impairment of learning and memory, and can actually facilitate particular types of memory, perhaps particular types of memory that facilitate the development of excessive alcohol use. In addition, the effects on cognition are dependent on brain region, task demands, dose received, pharmacokinetics, and tolerance. Additionally, we explore the underlying alterations in neurophysiology produced by acute alcohol exposure that help to explain these changes in cognition and highlight future directions for research. Through understanding the impact acute alcohol intoxication has on cognition, the preliminary changes potentially causing a problematic addiction memory can better be identified.

Abbreviations

BAC	Blood alcohol concentration
IEGs	Immediate early genes
EPSCs	Excitatory postsynaptic currents
LTD	Long-term depression
LTP	Long-term potentiation
NOR	Novel object recognition
STEP	Striatal-enriched protein tyrosine phosphatase

Key Words

Ethanol
Acute alcohol
Learning
Memory
Cognition
Hippocampus

PROLOGUE

Understanding why and how an individual transitions from being a social drinker to one with an alcohol use disorder (AUD) is a central issue currently facing alcohol research. Identifying the sources of underlying individual differences in the progression to an AUD and addiction is a complex challenge, but such understanding is crucial to the development of effective interventions for AUD treatment and prevention. From a biological psychology perspective, ongoing behavior is mostly dependent on the functional interactions between various neurocircuits that engage different brain regions that are involved in distinct or dissociable functions. While many behavioral classifications have been developed to explain this dynamic interplay between neurocircuits of different brain regions, cognition, i.e., learning and memory, has been a prevalent framework to understand how ongoing behavior is the result of this functional interplay and therefore can be informative in understanding some aspects of the development of an AUD.

As an illustration, it has long been hypothesized and later confirmed that many animal species have a predisposition to use particular cognitive strategies to learn tasks and there are species-typical hierarchies for behavioral strategies that depend both on sensory-perceptual biases and attentional-cognitive processes. For example, behavioral studies have shown that animals will use allocentric information to learn tasks instead of egocentric information (Tolman, 1948; O'Keefe & Nadel, 1978; Matthews & Best, 1997). However, if an animal is over-trained, the use of egocentric information will often supersede the use of allocentric information (O'Keefe & Nadel, 1978). This work demonstrates a functional hierarchy of cognition exists to organize and guide behaviors that can be both relatively stable and change predictably with experience based on learning processes. The organization and neural

architecture of species-typical hierarchies of cognitive strategies can also be revealed by experimental dissociation studies, extending from approaches that have advanced the understanding of neural systems mediating declarative and non-declarative long-term memory (Squire, 2004; Bechara et al., 1995). These experimental approaches not only demonstrate that specific structures or circuits can be selectively essential for specific types of cognitive processes (and not others), but also that manipulations that target a specific brain structure and interfere selectively with one type of cognitive function can lead to compensation or hierarchical reorganization that favors an alternative cognitive strategy. For example, the hippocampal region is essential for allocentric information use whereas the striatal region supports egocentric information use. Consistent with this, experimental manipulations that impair hippocampal function, and consequently degrade the use of allocentric information, lead to augmented use of egocentric, striatal cognitive functions.

It has been proposed that one mechanism by which alcohol addiction can lead to the development of an alcohol use disorder is by directly altering the cognitive strategy that is preferentially used. Specifically, it is hypothesized that alcohol first impairs the function of the limbic circuit comprised of the hippocampus, prefrontal cortex, nucleus accumbens and ventral tegmental area thereby facilitating a progressive shift in executive control of behavior from goal directed to compulsive drug use. This change in control corresponds to a concomitant loss of prefrontal cortical regulation to a predominant control by the dorsal striatum that is associated with plasticity that shifts behavioral regulation via midbrain dopaminergic ventral striatal systems to dorsal striatal systems (for initial review see Everitt & Robbins, 2005). Learning occurring during repeated alcohol use in which behavior becomes increasingly controlled by context and the reinforcement history associated with alcohol would then facilitate activity in

specific striatal circuits namely the functionality of the dorsal medial striatum would be degraded while the dorsal lateral striatum would be enhanced. Such a shift in brain region dominance would lead first to the use of egocentric information instead of allocentric information followed by habitual responding instead of goal directed responding. Once habitual responding has been strengthened in the presence of alcohol-related cues, the individual is at risk for development of an alcohol use disorder. See Figure 1.

If this overarching framework detailing the importance of cognition in the development of an alcohol use disorder is correct, it is important to understand the history of alcohol's effects on cognition. By exploring the archives of how alcohol impacts cognition, we can gain insights into pathways that can be explored to understand the development of alcohol use disorders.

INTRODUCTION

Alcohol use produces a variety of changes in ongoing behavior that range from slight motor impairments to respiratory depression that potentially leads to death. A full accounting of the nature and extent of the various effects of alcohol requires cross-disciplinary understanding, including genetic, molecular, systems neuroscience, previous experience with the drug, epidemiological, developmental, and social factors. When investigating a specific functional change produced by ethanol, researchers must also consider changes in function(s) from any one or more of the other levels or perspectives when trying to account for the constellation of impairments frequently observed. From that perspective, a central thesis of this review is that the role of cognition and of alcohol's effect on cognition, specifically learning and memory, can directly impact or mediate effects described at other levels of analysis, and a full accounting of

the neurobiological and psychosocial effects of alcohol (from genes to behavior) is incomplete without incorporating cognitive effects in understanding the actions and outcomes of alcohol use.

Learning and memory has long been a core problem and focus of research for many academic disciplines. Recently, though, it has been strongly argued that addiction, including addiction to alcohol, needs to be understood in relation to altered or impaired learning and memory (Boening, 2001). It has been argued that addiction might in fact be a specific form of memory itself, i.e., an addiction memory (Mello, 1972; O'Brian et al., 1998). More recently, the addiction process has been thought to involve persistent, maladaptive drug-associated memories that maintain drug seeking and taking in the face of long-term adverse outcomes (Milton & Everitt, 2012). From this perspective, two factors causing, strengthening, and maintaining addiction are the initial inhibition of limbic-system based memories and the enhancement of sensorimotor system based memories. In this view aberrant learning processes in which drug-associated stimuli become associated with the hedonic effects of drugs come to acquire control over drug-seeking and drug-taking responses for drugs (Everitt & Robbins, 2005; Everitt and Robbins, 2016). As such, understanding and manipulating these aberrant drug-related memories provide a novel approach to more effective treatment of substance use disorders and addiction (Milton & Everitt, 2010). It is critical to understand the neural circuitry and neuroplasticity underlying both typical and aberrant drug-associated learning, and to understand the bidirectional interactions between mechanisms of learning and memory and drugs of abuse, including alcohol.

The current work systematically reviews the historical and recent research investigating the effects of acute alcohol exposure on different types of memory systems. While it is recognized that differences between the effects of acute and chronic ethanol on cognition will exist, the current review is limited to acute alcohol exposure, due to the large amount of literature

and need for establishing a framework to compare to the effects of chronic ethanol. This review covers both the animal and human literature by using brain region as a basis of comparison, recognizing the limitation that this regional brain approach may not give adequate emphasis on multiple distributed, connectional systems that are involved within or between different brain regions. However, by identifying common actions or similarities of effects on specific brain regions across species, the intent is to highlight shared neurobiological mechanisms and important areas for future directions of research. Given the scope of the work in this area, we have attempted to cast a wide, historical net, but acknowledge that some important work may be omitted or overlooked due simply to the large scope of the problem. We believe, however, the emphasis on historical context is important in that knowing where the field has been can help illuminate where our research efforts should go.

Hippocampus

Impairment of Spatial Cognition by Brain Lesions:

A wealth of research has shown that the hippocampus and related structures are intimately involved in cognition, including learning and memory. This research was galvanized by the publication of Scoville and Milner describing the cognitive effects following the bilateral removal of large portions of the hippocampus (and other medial temporal structures) in H.M. (Scoville & Milner, 1957). H.M. (Henry Molaison) was born on February 2, 1926 and died December 2, 2008. In early adolescence, H.M. developed progressive, severe, medically intractable epilepsy, leading William Scoville to perform bilateral surgical removal of large portions of his medial temporal lobes. The surgery reduced the epileptic seizures, but it produced the unintended consequence of profound anterograde amnesia. Based partially on findings in

H.M., it was proposed that the removal of H.M.'s hippocampus produced the cognitive deficits (for an overview, please see Corkin, 2002). Over the last 40 years, experimental studies in non-human primates involving bilateral lesions of medial temporal lobe structures have confirmed that memory impairments evident in H.M. and other amnesic patients can be modeled (Mishkin, 1978; Zola-Morgan and Squire, 1985), but the specific nature and types of impaired memory, the specific medial temporal lobe circuitry involved, and the relationship to human amnesia is still actively pursued (Murray and Wise, 2010). Given the importance of the hippocampal formation in learning and memory and the belief that alcohol impairs memory, the impact of acute alcohol on hippocampal-dependent learning and memory has received extensive attention. The overall conclusion from this literature is that acute alcohol exposure produces selective impairments in hippocampal-dependent memory due to a variety of factors, but most pertinently, its direct alterations in the neural function of the hippocampus.

In animal models, the hippocampus has been demonstrated to be involved in spatial learning and memory, contextual learning and memory, trace conditioning and spontaneous alternation. For example, it has been demonstrated that animals will often primarily use spatial information to organize and guide behavior in cognitive tasks (Matthews & Best, 1997; Morris, 1981; Tolman, 1948) and that one prominent factor highly correlated with the neural activity of some individual hippocampal pyramidal neurons is the spatial location of the animals (O'Keefe & Dostrovsky, 1971, O'Keefe & Speakman, 1987; for review see Best & White, 1999; Best et al., 2001). Furthermore, lesions to the hippocampus or related structures impair the use of spatial information to support learning or memory regardless of task demands (Jarrard et al., 1984; Matthews & Best, 1995; Morris et al., 1982; Packard et al., 1989). The collective summary of research results support the hypothesis that a hierarchy of information usage exists, in that

animals will often use spatial information first, even if a task is designed so that the use of spatial information is counterproductive (Matthews & Best, 1997). In addition, the hippocampus is critical for spontaneous alternation, which is the systematic variation of choices based on the spatial location of a choice (e.g. see Gross & Black, 1968).

Extending this work, research has shown that the hippocampus is intimately involved in contextual learning, perhaps related to a form of spatial memory. For example, animals trained in a standard fear conditioning task will demonstrate impaired memory when tested to the conditioned context following hippocampal lesions but not exhibit impaired memory in cue testing following hippocampal lesions (Kim & Fanselow, 1992; Maren & Fanselow, 1997; Sparks et al., 2013). There is also some evidence that the rodent dorsal hippocampus (corresponding to the primate posterior hippocampus) subserves these more cognitive functions, whereas the rodent ventral hippocampus (corresponding to the primate anterior hippocampus) is more involved in regulating stress, emotion and affect (Moser and Moser, 1998; Fanselow and Dong, 2010). Finally, evidence supporting the notion that the hippocampus is critical for spatial/contextual learning is extensive but does not completely capture all cognitive functions supported by the hippocampus. Additional examples of memory types requiring hippocampal function is trace conditioning, configural processing and pattern completion. Trace conditioning that requires the subject to remember the training information (i.e., a trace) for an intervening period prior to conditioning. This type of conditioning contrasts with delay conditioning where the training information and the conditioning event overlap. It has been consistently demonstrated that hippocampal lesions impair trace conditioning without impairing delay conditioning (Moyer et al., 1990; Solomon et al., 1986; for review see Thompson & Kim, 1996). Configural processing highlights the unique combinations that cues and/or contexts make during

the ongoing behavior of an animal. For example, in a go/no-go task Cue A in Context B can mean go while Cue A in Context C can mean no-go. The AB configural has a different meaning than the AC configural indicating the information content of cue A cannot be a simple additive stimulus. Hippocampal lesions have been shown to impair configural learning (Rudy & Sutherland, 1995; Alvarado & Rudy, 1995). Pattern completion is attuned to the notion that fragmentary information can be used to activate specific neural circuits in the hippocampus thereby providing enhanced cognition (Marr, 1971). Abstract cognition of this type has been supported by single and multiunit electrophysiological studies (e.g., Mizumori et al., 1989; Staresina et al., 2016).

Impairment in Spatial Working Memory by Acute Alcohol:

In one of the first studies investigating the effect of acute alcohol on hippocampal-dependent cognition, it was demonstrated that acute administration of 2.0 g/kg alcohol significantly reduced spontaneous alternation (Cox, 1970). This specific behavioral change established that ethanol does indeed impair cognition and suggests it might *selectively* impair cognition that is hippocampal-dependent. However, research into ethanol's specific cognitive impairments became inconclusive following a series of studies that demonstrated that although moderate doses of acute ethanol (1.5 to 2.0 g/kg) impaired contextual memory (Devenport and Carter, 1986) and reduced spatial variability (Devenport and Merriman, 1983), the drug did not seem to impair spatial cognition directly but appeared to increase general response perseveration, reduce behavioral flexibility and impair performance in reversal tasks via mechanisms other than hippocampal function in rats (Devenport et al., 1983; Devenport, 1984; Devenport and Hale, 1989) and rhesus macaques (Jedema et al., 2011 although see Wright et al., 2013). In fact, it was

eventually concluded that acute ethanol exposure does not impair spatial cognitive memory (Devenport et al., 1989). Although quite compelling, it is possible such a conclusion was reached due to an inadvertent experimental manipulation. Specifically, in these studies, subjects learned to respond on an 8-arm radial arm maze by a gradual shaping technique where food reward was initially placed on the proximal end of the reward arms and moved down the arm over days until the reward was placed at the end of the goal arm (Devenport and Hale, 1989; Devenport et al., 1989). Such a procedure might confound learning and mask specific cognitive deficits because rats would have the opportunity to not only learn spatial information but also specific cue information during the shaping procedure.

Concurrent with and following the work by Devenport and colleagues, additional investigations of the effect of systemically administered alcohol have demonstrated effects on hippocampal-dependent cognition. For example, it was found that moderate ethanol exposure (0.75 – 2.0 g/kg) impairs spatial working memory, that is, spatial memory that is useful for a specific period of time, in rodents using navigation tasks (Gibson, 1985; Givens, 1995; Hoffmann & Matthews, 2001; Rossetti et al., 2002; White et al., 1997), delayed-match-to-position tasks (Escher & Mittleman, 2004), and win-shift foraging tasks (Melchior et al., 1993). Interestingly, such effects are dose- and task- dependent in that low doses of 0.5 g/kg alcohol can actually facilitate spatial working memory under certain challenging test conditions (Rossetti et al., 2002).

Gibson (1985) specifically investigated the effect of ethanol on spatial working memory by demonstrating that a moderate dose of alcohol, 1.25 g/kg, impaired spatial working memory when animals were tested on the radial arm maze, an effect that was replicated and extended to slightly lower doses (0.75 and 1.0 g/kg) by Givens (1995). Hoffmann and Matthews (2001)

developed a more challenging spatial working memory task using the radial arm maze and demonstrated that information that was learned within a single working memory session while the rats were sober could be disrupted following an acute ethanol challenge and that the observed spatial working memory impairment was dose dependent, especially at 1.5 and 2.0 g/kg. The exact behavioral mechanism driving this reduced spatial working memory is not completely clear but is likely influenced by decreased behavioral flexibility (or novelty seeking) in rats as the dose of ethanol increases (Devenport & Merriman, 1983). This is in keeping with the previously discussed decreased behavioral flexibility associated with increased response perseveration to previously learned information (Devenport et al., 1983; Acheson et al., 2013).

Impairment in Non-spatial Working Memory by Acute Alcohol:

In addition to spatial working memory, a small set of studies also demonstrated that acute alcohol can impact non-spatial working memory, or memory that is time dependent but does not require the processing and utilization of spatial information. For example, an early report demonstrated that low (0.5 – 0.75 g/kg) doses of acute ethanol in mice impair non-spatial working memory in a task that does not requiring learning (Melchior et al., 1993; Givens & McMahon, 1997) while higher alcohol doses can impair delayed matching to sample performance in rhesus monkeys (Mello, 1971). Research results suggesting that acute ethanol impairs working memory regardless of spatial demands demonstrates that the hippocampus is a brain region significantly impacted by the drug and challenges researchers to think about more than simply specific task demands such as spatial and/or working memory.

Preliminary Cautions:

Attempts to equate specific cognitive strategies to particular brain regions are often fraught with difficulties because with such highly interconnected, parallel-distributed processing systems that characterize the brain, specific regions rarely equate 1:1 to cognitive tasks. Working memory is such an example of this conundrum. For example, H.M.'s immediate memory and digit span was relatively intact and he was able to follow task instructions during a memory session as long as disruptions and long wait times were not involved in the procedure, suggesting other brain regions are important for working memory. One such brain region is the prefrontal cortex, and the primate granular prefrontal cortex is directly interconnected with the anterior hippocampus in primates (Cavada et al., 2000) and has been suggested to store knowledge about behavior, including ordered sequences of actions and likely outcomes, along with their contexts (reviewed in Murray and Wise, 2010). The prefrontal cortex regulates the gating of information into relevant brain regions and perhaps provides a temporal register for temporary maintenance and manipulation of time sensitive information (Miller & Cohen, 2001; Baddeley, 1983; Moscovitz, 1992). Supporting the notion that working memory may have multiple forms or subcomponents that may have selective functions (e.g., visuospatial vs. phonological), and that cognitive loads imposed by different types of challenges may selectively affect specific subcomponents, acute alcohol administered in humans impairs some working memory strategies without impairing all working memory strategies (Saults et al., 2007). It is therefore critical to recognize that frameworks of single brain region to cognitive function which are frequently used, such as in this paper, do not fully represent the complexity of actual cognitive function. Fortunately, research is beginning to address the actions of acute alcohol and the neuroadaptations with chronic alcohol exposure in more cell- and circuit-based approaches to understand how the progression to alcohol use disorders relates to alcohol-induced changes in

cognitive processes (e.g., DePoy et al, 2013; Munoz et al., 2018). Where possible we have incorporated this into our efforts here.

Impairment in Spatial Reference Memory by Acute Alcohol:

Spatial working memory is a very sensitive cognitive process that can be used to investigate the effects of alcohol on cognition since the subjects need to learn spatial information that is correct for a specific time frame. Given the difficulty of tasks used to access spatial working memory, it is possible that spatial working memory impairments following acute alcohol exposure are due to the task difficulty and/or a general effect of alcohol on cognition and not specifically due to the working memory (spatial or otherwise) nature of the task. To further understand how ethanol impacts cognition that is dependent on the hippocampus, a series of studies investigating the effect of ethanol on reference memory was undertaken. Reference memory, or memory for a specific rule regardless of the temporal component, requires less behavioral flexibility and is often an easier cognitive process for animals to learn (Olton, 1983). Consequently, it is possible that acute alcohol will not impair reference memory if ethanol is producing its impairments due to task demands. However, acute ethanol exposure was found to impair spatial reference learning and spatial reference memory in a dose dependent manner from 1.5 – 2.0 g/kg ethanol in tasks that use both the radial arm maze and water maze (Matthews et al., 1995; 2002; Shimizu et al., 1998; Wright et al., 2003). Given that spatial memory is often dependent on animals using distal cues to form spatial representations of places (O'Keefe and Nadel, 1978), it is important to determine if animals under the influence of alcohol can actually perceive and use distal cues. Importantly, the spatial impairment produced by acute alcohol is not due simply to impaired visual perception (White et al., 1998).

The impairment produced by acute alcohol on spatial reference and working memory is selective in some specific situations. For instance, if a task is designed in such a way that animals can learn either spatial or non-spatial information while sober and then their memory is tested, it is found that acute ethanol (1.0 – 2.0 g/kg) impairs the use of spatial memory while actually facilitating the use of non-spatial memory, especially at moderate to high doses (Matthews et al., 1999). In addition, ethanol induced spatial memory impairments are not task specific, as similar impairments are found when animals are tested in the Morris water maze, radial arm maze, or fear conditioning chamber (e.g., Matthews et al., 1995; 2002; Melia et al., 1997). This strongly suggests that effects on motivation (food reward vs. swimming) or motor performance are not the source of ethanol's effect on hippocampal-dependent learning and memory. Furthermore, ethanol's other effects, such as ataxia, cannot be producing the spatial memory impairments for at least two reasons: First, studies that investigate the impact of alcohol on cognition that use radial arm maze tasks (Matthews 1995; 1999; White et al., 1997) typically do not use latency to perform the task as a dependent variable but instead rely on choice accuracy. Secondly, studies using the Morris water maze have demonstrated that acute alcohol exposure does not impair swimming speed at doses that would produce ataxia in other behavioral tasks (Berry & Matthews, 2004; Matthews et al., 2002). Finally, the impairments produced by alcohol are not species specific in that acute alcohol administration impairs spatial memory in mice (Berry & Matthews, 2004), rats (e.g. Matthews et al., 1999), and humans (Weissenborn & Duka, 2003).

Impairment in Contextual Memory by Acute Alcohol:

The hippocampal formation is not only critical for cognitive tasks that involve purely spatial learning and memory but also important for cognitive tasks that use contextual cues

(Sparks et al., 2013; for review see Jarrard, 1993). The role of context in learning and memory is often probed using fear conditioning, where animals are exposed to both a context and/or a cue prior to a fearful event (e.g., a footshock). Research has consistently shown that the hippocampus is critical for learning the context (Kim & Fanselow, 1992; Maren & Fanselow, 1997) while the amygdala is critical for learning of the cue (Phillips & LeDoux, 1992; for review see Fanselow & Poulos, 2005; Maren, 2008). Therefore, if ethanol does impair cognition that is based on the hippocampus, then the drug should impair contextual fear conditioning and perhaps not impair cued fear conditioning.

Research has shown that acute ethanol administered before fear conditioning results in impairments in contextual fear conditioning in adult rats when ethanol dose administered is at least 1.0 g/kg and training occurs 10 minutes following exposure; a similar effect is also found in C57BL/6J mice (Hefner and Holmes, 2007). Interestingly, the impairments produced by acute ethanol prior to training have in some cases been shown to be selective to hippocampal-dependent contextual conditioning (Melia et al., 1996; Weitemier & Ryabinin, 2003), whereas other studies have shown the impairment produced by acute ethanol may not be selective in that similar doses of ethanol administered before training also impair cued conditioning (Land & Spear, 2004) or administered pre-test can produce state dependent effects (Hunt & Barnet, 2016). However, a recent study has provided important data indicating that although ethanol administered before contextual training interferes with context retention, the reported impairment in cue retention is no longer significant if baseline freezing levels are accounted for (Broadwater & Spear, 2013). While it is true that acute ethanol can impair both contextual and cued fear conditioning, a detailed analysis of this effect demonstrates that contextual fear conditioning is more sensitive to impairments produced by acute ethanol than is cued fear conditioning. In other

words, contextual fear conditioning is impaired at lower doses of ethanol compared to cued fear conditioning (Gould, 2003). However, the differential effect on conditioning based on when ethanol is administered is complex. For example, if ethanol is administered before training in Swiss mice an increase in fear conditioning is found compared to saline tested animals.

Conditioned fear paradigms can also be used to investigate the effect of alcohol on hippocampal function without using context specifically as the hippocampal-dependent behavioral variable. For example, trace conditioning is a procedure where animals are conditioned to freeze to a cue, but the conditioning paradigm requires the animal to bridge a temporal window (i.e., a trace of time) between the neutral stimulus and the unconditioned response, and is also hippocampal-dependent (Solomon et al., 1986; for review see McEchron & Disterhoft, 1999). Interestingly, acute alcohol exposure of 0.8 and 1.6 g/kg impairs both trace conditioning and retention, which strongly suggests that alcohol impairs hippocampal-dependent cognition regardless of the task demands (Weitemier & Ryabinin, 2003). Unlike fear conditioning where the effects are variable, it appears that ethanol impairs hippocampal-dependent trace conditioning regardless of whether it is administered before or following training (Hunt et al., 2009).

Additionally, the novel object recognition (NOR) task, a version of which may be hippocampal-dependent following particular experimental manipulations (Warburton & Brown, 2015), is impaired by pre-training ethanol administration (Ryabinin et al., 2002; Swartzwelder et al., 2012). This effect is due to reduced exploration during training that carries over to testing, where mice receiving the higher dose (2.4 g/kg, but not 1.6 g/kg) of ethanol spend a similar amount of time exploring the novel and familiar objects. Importantly, these effects are not due to a reduction of locomotor activity in this group (Ryabinin et al., 2002). However, other strains of

mice show NOR memory impairments at lower (1 g/kg) doses of ethanol (Yu et al., 2013).

Unlike trace conditioning, ethanol impairs NOR only when administered prior to training, and not when given after training (Ryabinin et al., 2002) suggesting ethanol might preferentially impair attentional or encoding processes in NOR.

Preliminary Conclusion and Cautions:

Animals appear to have predispositions for the use of specific cognitive strategies with hippocampal dependent cognitive strategies engaging ongoing behavior first. The allocentric cognitive strategies supported by hippocampal function provide flexible use of memory thereby facilitating behavior. This hierarchical view of cognition implies that specific types of cognition are engaged first while other types of cognition are engaged later. Acute alcohol administration impairs the use of hippocampal dependent allocentric cognition and the impairments occur at alcohol doses and corresponding blood alcohol concentrations that mirror drinking levels found in human populations. It therefore appears that one of the first systematic effects of acute intoxication is the altering of the hierarchical function of cognition whereas hippocampal dependent allocentric memory is impaired thereby facilitating the use of other type of cognitive strategies. However, it is important to remember that many drugs, including alcohol, can produce state-dependent effects whereby implied cognitive deficits are instead due to different pharmacological states between testing and training. While we believe many of ethanol's effects on cognition are not due to state-dependent effects, evidence clearly suggests state dependency can be demonstrated (e.g., Hunt & Barnett, 2016). Furthermore, we have attempted to limit our review to acute effects, however, the first exposure to a drug can lead to expectations that might alter later, subsequent, effects. While difficult to investigate, implicit memory in humans (see later section) can provide some meaningful insight into this challenging issue.

Electrophysiological Correlates of Alcohol's Effect in the Hippocampus:

Although acute alcohol has been shown to impair performance in cognitive tasks that are dependent on the hippocampus, this does not demonstrate that acute ethanol produces these impairments by altering hippocampal function directly. It is therefore critical to investigate if alcohol produces effects on hippocampal neurophysiology directly that may correlate with cognitive performance, thereby providing a neural mechanism by which the drug impairs hippocampal-dependent cognition.

One of the first, and most critical findings implicating ethanol's direct effects in the hippocampus came from studies demonstrating that ethanol inhibits NMDA-activated ion currents in the hippocampus (Lovinger et al., 1989; 1990). Not surprisingly, similar concentrations of ethanol were found to inhibit hippocampal long-term potentiation (LTP; Blitzer et al., 1990). These studies have been reviewed in an excellent recent publication (Zorumski et al., 2014). These studies, and many others using LTP, strongly implicate the hippocampus as a potential site of action for ethanol's cognitive impairing effects.

Early studies designed to investigate distinct brain regions underlying ethanol's memory impairing effects used techniques to explore the expression patterns of immediate early genes (IEGs). Initially, it has been shown that the expression of IEGs such as c-Fos, is increased in a variety of brain regions due to such factors as stress, and acute alcohol selectively decreases c-Fos expression in the hippocampus (Ryabinin et al., 1995; 1997) and can increase c-Fos expression in a variety of brain regions including the amygdala and caudate-putamen (Ryabinin et al., 1997). These data suggest that c-Fos expression might be a marker for brain region activation and consequent inhibition by acute ethanol exposure. In support of this idea,

expression of IEGs is increased in relevant brain regions, such as the hippocampus, following learning paradigms (Melia et al., 1996). In addition to IEG expression being increased in brain regions associated with learning, it has been also demonstrated that acute alcohol exposure at levels that impair hippocampal-dependent learning also reduce the expression of many IEGs (for review see Ryabinin, 1998). For example, acute ethanol, at doses that block context dependent fear conditioning, significantly decreases hippocampal c-Fos expression. However, the reduction in c-Fos expression was selective in that cortical c-Fos expression was not significantly decreased (Melia et al., 1996). Acute ethanol doses that produce cognitive deficits also significantly reduce hippocampal extracellular glutamate levels but do not alter cerebellar extracellular glutamate levels (Shimizu et al., 1998), further demonstrating that acute ethanol may selectively impact hippocampal function. These data support the notion that one function of acute intoxication is to alter neurological activity in the hippocampal system thereby degrading hippocampal allocentric memory and altering the cognitive hierarchy animals use to organize and guide behaviors.

Electrophysiological studies of hippocampus and related structures have provided more direct evidence that acute ethanol degrades allocentric cognitive strategies by altering hippocampal function. Initially it was shown that acute ethanol dose dependently (0.75 g/kg to 3.0 g/kg ethanol) decreases the spontaneous activity of medial septum/diagonal band of Broca (MS/DB) neurons (Givens & Breese, 1990). Importantly for the current discussion, the inhibition of spontaneous neural activity was selective in that the spontaneous activity of lateral septal neurons was not altered. Such an inhibition of MS/DB neurons may be important because this brain region projects directly to the hippocampus and drives the hippocampal theta rhythm (for review please see Oddie & Bland, 1998), an oscillatory hippocampal field potential that predicts

learning in cognitive tasks (for review see Berry & Hoffmann, 2011). As expected, acute ethanol, at doses that impair hippocampal-dependent learning and memory, also significantly suppressed hippocampal theta rhythm (Givens, 1995; Zhang et al., 2016). These data strongly suggest that one mechanism by which acute ethanol administration alters hippocampal-dependent learning and memory is by altering hippocampal neurophysiology (for an early review see Givens et al., 2000). Indeed, this alteration may be due to ethanol decreasing levels of acetylcholine in the hippocampus (Henn et al., 1998), a reduction that is correlated with spatial memory impairments (for review see Gold, 2003). In support of this hypothesis it has recently been shown that co-administration of cholinesterase inhibitors that increase acetylcholine levels, can significantly reduce spatial memory impairments produced by acute ethanol administration (Gawel et al., 2016).

Although studies demonstrating that ethanol alters hippocampal theta rhythm highlight the hippocampus as one potential brain region underlying the deleterious cognitive effects produced by the drug, multi-unit studies are more challenging to correlate directly with ongoing behavior thereby reducing the explanatory power of these electrophysiological studies. As previously mentioned, hippocampal pyramidal neurons have been shown to increase their firing rate when an animal is in a given spatial location. These neurons, termed place cells, are thought to provide, among other things, information about the animal's location (see Best et al., 2001 for review). Therefore, if acute alcohol administration impairs spatial learning and memory, and hippocampal place cells respond to the spatial location of the animal, it seems reasonable to predict that acute alcohol should also alter the firing characteristics of hippocampal place cells in freely behaving animals. Indeed, as first reported in 1996, acute alcohol exposure at a dose (2.0 g/kg) that reliably impairs spatial, but not non-spatial, memory disrupts the spatial specificity of

hippocampal place cells in awake, freely behaving rats (Matthews et al., 1996). The disruption in the neurons' spatial specificity only occurs during intoxication and the integrity of the field is reestablished 24 hours later, which is an important finding given acute ethanol does not impair spatial memory 24 hours following exposure (Hoffmann & Matthews, 2002). Furthermore, the degradation in spatial specificity is dose and time dependent and driven primarily by a reduction in the firing frequency of the pyramidal neurons and not hippocampal interneurons (Ludwig et al., 1998; White & Best, 2000). Although the number of studies investigating acute alcohol and single unit electrophysiology in awake freely behaving animals are few, they do provide the most direct evidence to support the hypothesis that alcohol is altering cognitive hierarchies by directly impairing hippocampal function and corresponding hippocampal dependent cognition.

Potential Neurobiological Mechanism Underlying Acute Alcohol's Effect in the Hippocampus:

The mechanisms by which acute ethanol alters hippocampal neurophysiology and correspondingly degrades hippocampal-dependent cognition has yet to be completely elucidated. Based on a wealth of data, it is known that ethanol potentiates GABA inhibition and inhibits glutamate excitation in the medial septum and hippocampal brain regions (for reviews see Grobin et al., 1998; Kumar et al., 2009; Chandrasekar, 2013) suggesting these molecular effects as potential mechanisms of action. However, it is possible that ethanol produces its effect on hippocampal function indirectly via an endogenous modulator. Our laboratory, and several others, have investigated the ability of the neurosteroid allopregnanalone, a highly potent GABAergic modulator (Harrison et al., 1987; Morrow et al., 1987), to significantly degrade cognition dependent on the hippocampus due to acute ethanol administration.

Acute ethanol increases levels of allopregnanolone in a dose and time dependent manner in a variety of brain regions including the hippocampus (Barbaccia et al., 1999; VanDoren et al., 2000; Cook et al., 2014). Interestingly, allopregnanolone formation and release in the hippocampus is not dependent on the adrenal cortex but instead appears to occur *de novo* (Sanna et al., 2004; Cook et al., 2014), supporting the hypothesis that ethanol induced release of allopregnanolone in the hippocampus is a critical factor underlying the cognitive impairments produced by ethanol. Initially studies replicated data demonstrating that acute ethanol administration inhibited the spontaneous activity of medial septal neurons and then demonstrated that pretreatment with the 5 α -reductase inhibitor finasteride completely blocked ethanol induced inhibition of medial septal neurons (VanDoren et al., 2000). Although finasteride can impact a variety of steroid hormones (Van Doren et al., 2000; Werner et al., 2016) the initial studies motivated investigations to determine if allopregnanolone directly alters hippocampal neurophysiology; it was reported that acute allopregnanolone administration dose dependently inhibited the spontaneous activity of hippocampal pyramidal neurons and that pretreatment with finasteride blocked ethanol induced inhibition of hippocampal pyramidal neurons (Tokunaga et al., 2003). In addition, it was investigated if acute allopregnanolone produced dose dependent impairments in hippocampal-dependent spatial memory in a manner similar to acute ethanol administration. Importantly, acute allopregnanolone and acute ethanol administration selectively impaired hippocampal-dependent memory (Matthews et al., 2002; Rabinowitz et al., 2014) and endogenous allopregnanolone levels correlated with ethanol-induced spatial memory impairment (Silvers et al., 2006). These data suggest that allopregnanolone increases produced by acute ethanol exposure are a viable candidate mechanism underlying ethanol induced deficits in hippocampal based learning and memory. This hypothesis is supported by findings that ethanol-

induced increases in hippocampal allopregnanolone mediate ethanol's ability to reduce hippocampal LTP (Izumi et al., 2007; Ramachandran et al., 2015). However, to date, only one preliminary report directly investigates this by first pretreating animals with finasteride to reduce allopregnanolone levels then testing spatial memory following an acute ethanol challenge. As expected, finasteride reduced the well-established impairment in hippocampal-dependent spatial memory (Morrow et al., 2003). However, a full study of the effect awaits further experimentation.

While the use of finasteride has proven successful in identifying allopregnanolone levels as a contributing factor in ethanol's effect on memory, finasteride impacts multiple neurosteroid rendering it less than an ideal pharmacological manipulation. Adrenalectomy can also significantly reduced allopregnanolone levels in brain but once again this manipulation impacts multiple neurosteroids (O'Dell et al., 2004). However, it is possible that specific genetic manipulations (in addition, please see next section of this paper) may be viable tools to explore the impact of allopregnanolone on ethanol-induced spatial memory impairments. For example, the *Srd5a1* gene encodes the enzyme 5 α -reductase-1, a necessary enzyme for the formation of allopregnanolone. While there is some work demonstrating that *Srd5a1* knockout mice increase ethanol consumption (Ford et al., 2015) and have blunted ethanol effects on some components of the plus maze, the majority of ethanol's effects are not different between the knockout and the wildtype mice (Tanchuck-Nipper et al., 2015). Consequently, this knockout is not likely to be a viable tool to study ethanol's memory impairing effects. A second possibility is GABAA receptor δ knockout mice, a genetic manipulation that reduces the sensitivity to neurosteroids in both behavioral (Mihalek et al., 1999) and hippocampal electrophysiological studies (Stell et al., 2003). This strain of mouse demonstrates enhanced hippocampal-dependent trace fear

conditioning (Wiltgen et al., 2005) and blunted responses to some effects of acute ethanol (anticonvulsant effects) but normal effects to other ethanol effects (anxiolytic and hypothermia) (Mihalek et al., 2001). It is possible that GABAA receptor δ knockout mice will show blunted ethanol-induced spatial memory impairments because increases in allopregnanolone will not produce as large a behavioral impact in the knockout mice compared to the control mice. Interestingly, THIP, a neurosteroid that modulates GABAergic receptors, has a blunted spatial memory impairment and decreased LTP in GABAA receptor δ knockout mice compared to wildtype mice (Whissell et al., 2013). Based on these results it is critical to investigate if GABAA receptor δ knockout mice have reduced hippocampal dependent spatial memory impairments compared to wildtype animals.

Impact of Genetics on Acute Alcohol and Hippocampal Memory:

Understanding the genetic factors that influence the effect of acute alcohol on learning and memory is an understudied research field. To investigate genetic influences on ethanol induced memory impairments, one initial tool used was to assess the effects of ethanol in various genetically modified mouse lines. To date, research from the Matthews' laboratory has proven relatively unsuccessful in identifying genetic factors important for ethanol's effect on cognition. Specifically, GABA_A receptor $\alpha 1$ reduction via two different genetic manipulations or GABA_A receptor $\gamma 2$ knockdown did not alter ethanol induced spatial memory impairments in the Morris water maze (Berry et al., 2008; Berry et al., 2009; Werner et al., 2006). Potential genetic underpinnings of ethanol on hippocampal dependent learning and memory have also proven elusive for other laboratories. For example, GABA_A receptor $\alpha 5$ knockout mice display similar impairments in ethanol-induced contextual fear memory compared to wildtype littermates

(Martin et al., 2011), suggesting extrasynaptic GABA_A receptors do not mediate ethanol's cognitive impairing effects in the hippocampus. However, GABA_A receptor $\alpha 4$ knockout mice display enhanced contextual learning compared to wildtypes (Cushman et al., 2011), which suggests that hippocampal-dependent learning and memory is impaired by the tonic inhibition mediated by $\alpha 4\delta^*$ receptors (Moore et al., 2010; Wiltgen et al., 2005). Despite enhanced learning compared to wildtypes, $\alpha 4$ knockouts are more sensitive to ethanol induced contextual learning impairments (Cushman et al., 2011). This effect is likely driven by the upregulation of $\gamma 2$ subunits in $\alpha 4$ knockout mice, which leads to enhanced ethanol sensitivity in synaptic GABA_A receptor currents (Liang et al., 2008).

Genetic manipulations involving NMDA receptor (NMDAR) phosphorylation have proven to be somewhat more successful in delineating mechanisms of ethanol induced memory impairments. Ethanol conveys some of its acute memory impairing effects through inhibition of NMDA receptor -mediated LTP (Lovinger et al., 1989; Morris et al., 1986). Ethanol induced inhibition of NMDAR-mediated LTP and associated behavioral impairment has been shown to be dependent on striatal-enriched protein tyrosine phosphatase (STEP), as ethanol does not inhibit NMDA receptor excitatory postsynaptic currents (EPSCs) or block LTP in CA1 pyramidal neurons of STEP knockout mice (Hicklin et al., 2011). Furthermore, STEP knockout mice do not show ethanol -induced impairments in fear conditioning (Hicklin et al., 2011). These data demonstrate that STEP is a critical mechanism for ethanol's inhibition of NMDAR EPSCs and LTP, and fear conditioning impairments. Recently a mouse strain with a mutant GluN1 subunit that is less sensitive to the effects of ethanol has been generated and while this knockin strain has altered ethanol responsiveness to some of ethanol's effects, the effect of ethanol on cognition has yet to be investigated (den Hartog et al., 2013; Zamudio-Bulcock et al., 2018).

Additionally, genetic differences in ethanol metabolism, specifically involving acetaldehyde accumulation have been shown to affect hippocampal-dependent spatial memory. Specifically, aldehyde dehydrogenase 2 (Aldh2) knockout mice showed greater ethanol induced hippocampal memory impairments in the Morris water maze and radial arm maze compared to wildtypes (Jamal et al., 2012). These impairments are likely mediated by excess acetaldehyde (Quertemont et al., 2005) that accumulates after ethanol consumption as a result of Aldh2 deficiency (Wall et al., 1997). A potentially similar effect is found in certain ethnicities. For example, a genetic polymorphism that is prevalent among East Asians resulting in increased acetaldehyde levels carries increased health risks beyond abnormal ethanol reactions and metabolism, including increased risk for certain cancers (Cai et al., 2015), coronary artery disease (Gu & Li, 2014), anxiety and depression (Yoshimasu et al., 2015), among others (for review see Vasiliou & Pappa, 2000).

Impact of Age on Acute Alcohol's Hippocampal Dependent Memory Impairments:

In the last decade, extensive research has investigated whether alcohol produces a greater cognitive impairment in adolescents compared to adults. The policy implications surrounding this are quite large given adolescents consume alcohol at alarming rates during a life-stage defined by cognitive effort, i.e., schooling. We have recently discussed this literature at length (Novier et al., 2015; section 5.2; Chin et al., 2010) and determined that it is an overstatement to conclude alcohol produces greater cognitive impairments in adolescents compared to adults.

A recent paper provides some insight into factors that might account for many of the divergent results in this literature field. Specifically, Hunt and colleagues investigated the extent to which acute ethanol impaired trace fear condition or contextual fear conditioning in both

adolescent and adult animals. They report data demonstrating that alcohol produced a greater impairment in adolescents compared to adults in trace conditioning but adults were more impaired than adolescents in context conditioning. However, the effect found in trace conditioning was state dependent whereas the effect found in context conditioning was not state dependent (Hunt & Barnett, 2016). This paper demonstrates two important issues. First, generalized state dependent impairments, not specific cognitive impairments, may underlie some of the reports demonstrating that adolescents are more sensitive to the learning and/or memory impairing effects of acute alcohol, and secondly, it is incorrect to conclude the cognitive function of adolescents is always more impaired by alcohol than adults.

Enhancement of Habit Learning following impairments in allocentric/goal learning:

More than a decade ago we published a literature review where it was argued that acute alcohol is a suitable tool to study multiple memory systems (Matthews & Silvers, 2004). In making this argument, we capitalized on the work of others (e.g., Lynn Nadel, Paul Gold, Norman White and Mark Packard to name a few) to argue that a “hierarchy” of cognitive functions exist where alcohol selectively impaired one of the first engaged levels of the hierarchy, namely processes engaging the hippocampal system, therefore augmenting the importance of other, less affected, levels, e.g., the striatal system, to control behavior. We believe this may be an important factor in explaining one of the early mechanisms underlying the development of alcohol addiction.

As previously described, acute ethanol will *impair* hippocampal-dependent cognition, and, consequently, result in a *facilitation in* caudate/striatal memory (Matthews et al., 1999). In that particular study, acute ethanol decreased the use of spatial memory and increased the use of cue memory. It is interesting to speculate that acute ethanol was decreasing allocentric directed

behavior and increasing egocentric based behavior. If true, acute alcohol might produce a “cognitive switch” that reflects the underlying change in the typical hierarchy of cognitive control of learning; repeated alcohol exposure may facilitate reliance on the cognitive switch such that the compromised learning can contribute to the progression of alcohol addiction.

Research in the last decade coupled with advancements in theoretical frameworks have begun to delineate this potential cognitive switch (for an early review of this field please see Belleine et al., 2007). As outlined in a recent review of the literature (Gremel & Lovinger, 2018) three neural circuits are potentially critical to the formation of and maintenance of an AUD. While all three circuits operate in parallel during behavior, the limbic circuit, including the hippocampus, initially direct ongoing behavior. However, if damage to the limbic circuit occurs, such as the prefrontal cortex, rodents learn tasks based on the sensorimotor circuit (Balleine & Dickinson, 1998; Corbit & Balleine, 2003). In a potential extension of this to the current field of interest, as acute ethanol exposure inhibits the functionality of the limbic circuit (see above), the functionality of the associative circuit, including the dorsal medial striatum, and the sensorimotor circuit, including the dorsal lateral striatum, become more prominent. Repeated ethanol exposures over time continue to suppress the limbic circuit while facilitating the formation of habitual learning thereby shifting behavioral control to the dorsal lateral striatum and the sensorimotor loop. The individual is then at risk of an AUD as reward devaluation produced by loss of hedonic effects of the drug lose the power to inhibit habitual behavior. This theory of AUD development is supported by work showing that inactivation of the dorsal medial striatum produces responding that is insensitive to reward devaluation and is habitual (Yin, 2005a,b). Excitingly, research is beginning to support this framework by using experimental designs that focus ethanol seeking and intake on non-spatial and/or response driven cues.

The potential importance of non-spatial cues in alcohol research has been studied in work showing that cues, such as a tone or light, could enhance alcohol self-administration in operant tasks (Corbit & Janak, 2007). Indeed, habit formation and habitual responding is strengthened by alcohol exposure (Mangieri et al., 2012, for an excellent review see O'Tousa & Grahame, 2014; Corbit et al., 2012) and might reflect ethanol exposure enhancing neurological systems supporting habitual learning (Corbit et al., 2012). In support of this, it has been shown that the VTA is important for initiating Pavlovian, habitual learning (Corbit et al., 2007) with the dorsal lateral striatum and dorsal medial striatum playing a critical role in Pavlovian instrumental transfer selectivity (Corbit and Janak, 2007; Corbit and Janak, 2010; for review see Corbit & Janak, 2016). However, Pavlovian instrumental transfer tasks can be confounded with limbic circuit function (Pascoli et al., 2015). For example, reduction in ventral tegmental area activation can result in nonspecific reduced motivated responding and therefore confound a straightforward habit-response conclusion (Corbit and Janak, 2007; 2010; 2016). Research utilizing self-paced instrumental tasks have highlighted the initial importance of the associative and sensorimotor circuits. Firstly, self-paced instrumental tasks has shown that both the associative and sensorimotor circuits are involved early in learning (Yin et al., 2005; 2006) and, secondly, can support sufficient learning to investigate drug related conditions (Yin et al., 2004; Gremel & Costa, 2013). Importantly, a recent paper strongly supports the notion that alcohol impacting hierarchical organization of cognition via a cognitive switch may underlie addiction. Specifically, chronic ethanol exposure (granted, a "chronic" study in a review of the effects of acute alcohol) decreases the excitable input from the orbital frontal cortex (limbic circuit) to the dorsal medial striatum (associative cortex). The result of this is an increase in the behavioral

control of the dorsal lateral striatum (sensorimotor circuit) resulting in an increase in habitual responding (Renteria et al., 2018).

The direct research from both Pavlovian instrumental transfer studies and self-paced instrumental studies demonstrating that alcohol exposure (both acute and chronic) can facilitate egocentric, habitual learning, supports the proposed cognitive switch to striatal function from cortical-hippocampal function following alcohol exposure. For example, intravenous alcohol increases fMRI activation of the striatum in humans undergoing a simulated risky gambling task (Gilman et al., 2012). In addition, low doses of alcohol do not alter caudate multiple unit activity but do alter hippocampal multiple unit activity recorded in rabbits (Klemm et al., 1976). Consequently, it is possible that acute alcohol produces a differential neurophysiological effect between striatal and hippocampal regions resulting in a “cognitive switch” from goal directed to response directed (or habit-based) behavior. The switch from goal-directed to habit-based responding can be controlled by the presence of learned contextual cues in the former switching to specific reinforcement history in the later that dynamically regulate the synaptic efficacy of orbitofrontal cortical projections to the dorsal striatum (Gremel et al., 2016; as it relates to alcohol altering orbitofrontal-mediated learning [reversal learning] in rhesus macaques please see Jedema et al., 2011). This switch involving regulation of competing circuits that control goal-directed behaviors may set the stage for the first step in risky alcohol use. Recently, this hypothesis has received strong support from studies investigating the impact of the μ -opioid system in the dorsal striatum as it relates to ethanol exposure (Munoz et al., 2018). Specifically this research team demonstrated that a short 3-day binge of ethanol selectively impaired corticostriatal μ -opioid receptor-mediated long-term depression that occurs exclusively at the synapses of anterior insula to dorsal lateral striatal inputs. This selective functional ablation of

LTD plasticity might prime at-risk individuals to seek additional ethanol consumption opportunities. While the exact neuroanatomical circuit underlying the altered neurophysiology is to be determined, it does appear that cortical anterior insular neurons are critical (Munoz et al., 2018; Renteria et al., 2018). Thus it is likely that alcohol facilitates a cognitive switch from allocentric, hippocampal function to egocentric, dorsal striatal function that increases habit learning at the expense of other types of learning thereby increasing the likelihood of developing an alcohol use disorder.

From the research discussed herein, it is clear that moderate to high doses of ethanol, from 1.5 g/kg to 2.5 g/kg produce consistent impairments in hippocampal functioning. Lower doses of 0.5 g/kg have been shown to facilitate spatial working memory under challenging task conditions; but for the most part, doses between 0.25 and 0.75 g/kg do not produce reliable effects on hippocampal functioning. The effects of doses falling between these ranges are task dependent (see table 1). Overall, acute alcohol produces selective impairments in hippocampal-dependent cognition due to a variety of factors, including direct alterations in hippocampal neurophysiology. This reduction in hippocampal-dependent cognitive function facilitates the enhancement of striatal function producing habitual alcohol responding. However, despite the depth and breadth of research on ethanol's effects on the hippocampus, there are areas where gaps in knowledge remain to be bridged as well as somewhat controversial areas where a consensus has yet to be reached.

Cerebellum

Until relatively recently the primary function of the cerebellum was thought to be motor planning and execution; however, research starting in the 1980s suggested the cerebellum had a nonmotor function, including cognition, emotion, and even social behavior and reward through

both anatomical and functional associations with the cerebrum (for reviews, see Buckner, 2013; Strick et al., 2009; Schmahmann, 2004; Roger et al., 2011; Carta et al., 2019). Given the interface of the motor output and cognitive function that exists in cerebellar function, it is an important brain region to explore in relation to potentially supporting a cognitive switch from allocentric cognition via hippocampal function to egocentric, habitual cognition via striatal function.

The importance of cerebellar circuitry in classical eyeblink conditioning, a form of associative motor learning, has been well documented in a variety of animals (Chen et al., 1996; Lavond & Steinmetz, 1989; McCormick & Thompson, 1984; Perrett et al., 1993; Skelton, 1988; Sun, 2012), as well as humans (Daum et al., 1993; Lye et al., 1988; Solomon et al., 1989; Topka et al., 1993; Chen et al., 2008). In this pavlovian procedure an unconditioned stimulus that elicits an eyeblink, such as a puff of air or periorbital shock, is slightly preceded by a tone or light conditioned stimulus and both stimuli co-terminate. Through repeated pairings, the tone, or conditioned stimulus, becomes predictive of the unconditioned stimulus, and an eyeblink will come to be elicited in response to the tone alone. As recently reviewed (Cheng et al., 2015), this paradigm has been used to study cerebellar learning deficits produced by chronic ethanol use (McGlinchey-Berroth et al., 1995; McGlinchey et al., 2005) and neonatal ethanol exposure (Brown et al., 2007; Green, 2003; Green et al., 2000; Jacobson et al., 2011; Stanton & Goodlett, 1998; Wagner et al., 2013). However, despite the implication that the cerebellar cortex is one of the most sensitive to acute ethanol administration as assessed by multiple-unit electrode activity (Klemm et al., 1976), comparatively little research has been conducted on the impact of acute ethanol on classical eyeblink conditioning. In particular, studies using task variants that can probe relative contributions of cerebellar cortex (manipulations of CS-US intervals to assess

timing control) or variants probing cerebellar- vs. cerebellar/hippocampal-dependent learning (delay vs. trace conditioning) are generally lacking.

There are some historical data in humans, but the results are mixed. In the first paper to investigate the impact of acute ethanol on eyeblink classical conditioning, acute ethanol did not impact the acquisition of the eyeblink conditioned response (Franks, 1963). In this study, participants that received ethanol had an average blood alcohol concentration (BAC) of 86 mg/dL and 80 mg/dL before and after conditioning, respectively. Importantly, all participants, including the control group (i.e., a group given a glass of soda lightly layered with 5mL of whiskey), reported that they had received ethanol. Given that certain effects of ethanol are suggestible based on alcohol-related expectancies (Monk & Heim, 2013), there may not have been a no treatment (i.e., a group that drank no solution) control group present in the study to provide a reliable baseline comparison. In contrast, a second report found that ethanol dose dependently suppressed conditioned response acquisition and blink amplitude at mean BACs of 49, and 99 mg/dL (Hobson, 1966). This dose-dependent suppression of conditioned response acquisition has been replicated in rabbits with doses of 0.375, 0.75, and 1.5 g/kg of ethanol delivered intragastrically (Hernandez et al., 1986), which produced BACs of 28.3, 82.6 and 190.2 mg/dL, respectively. However, only the highest two ethanol doses suppressed conditioned responding, with no effect at the lowest dose of ethanol. Although 0.375 g/kg ethanol produced no effect on percent eyeblink conditioned responses, animals that received this dose had greater eyeblink amplitudes at the final training session, indicating conditioned responding may be slightly facilitated by a low dose of ethanol (Hernandez & Powell, 1986).

At certain doses, ethanol also produces a state dependent effect on conditioned response extinction (Hernandez & Powell, 1986; Hernandez et al., 1986). Specifically, rabbits that

received 0.375 g/kg ethanol during both training and extinction (ethanol/ethanol) exhibited the greatest eyeblink amplitude compared to rabbits that received ethanol/water, water/ethanol, and water/water during training/extinction, respectively (Hernandez & Powell, 1986). Furthermore, rabbits that received opposing doses during training and extinction (water/ethanol, ethanol/water) had a higher percentage of eyeblink conditioned responses during extinction than the state-congruent water/water or ethanol/ethanol groups. Rabbits trained with a higher dose of 0.75 g/kg ethanol had more eyeblink conditioned responses during extinction, independently of the drug received during extinction, indicating prior ethanol exposure delayed extinction despite the ethanol-induced suppression of response at this dose (Hernandez et al., 1986). Rabbits that received the highest dose, 1.5 g/kg, during training extinguished to the same level as those that received water during training, although the ethanol-induced suppressive effect of this dose was so great that there may be a floor effect present (Hernandez et al., 1986). In sum, ethanol's effects on the behavioral manifestations of cerebellar learning appear to be dose dependent, such that low doses of ethanol facilitate certain aspects of eyeblink conditioned response acquisition, while moderate to high doses impair learning. Additionally, extinction is delayed in general during the training or extinction trials.

While the research on the overt behavioral effects of ethanol on cerebellar-dependent learning is limited, more studies have focused on the synaptic and electrophysiological changes produced by ethanol on the cerebellar learning circuits. Motor skill learning is associated with structural and functional adaptations of the cerebellar cortex, including increased synaptogenesis onto Purkinje cells (Black et al., 1990; Kleim et al., 1996; Kleim et al., 1998). Increased synaptogenesis is specific to motor skill learning, such as tasks requiring balance and fine motor skill, and is distinct from the angiogenesis caused from increased motor activity, including

running on a treadmill or running wheel (Black et al., 1990). Cerebellar plasticity also occurs in conjunction with associative learning in the eyeblink conditioning paradigm. During conditioned eyeblink training, climbing fibers relay information about the unconditioned stimulus, while parallel fibers transmit information regarding the conditioned stimulus (Thompson, 1986, 1990). Ultimately, these two fibers converge concurrently onto the same Purkinje cell and these plasticity mechanisms, including parallel fiber long-term depression (LTD) and long-term potentiation (LTP), alter Purkinje cell firing (Ito, 1989; Jorntell & Hansel, 2006; Kalmbach et al., 2010; Valenzuela et al., 2010). LTD at the parallel fiber-Purkinje cell synapse represents a well-accepted cellular mechanism underlying motor learning (Ito, 1986; Jorntell & Hansel, 2006; Valenzuela et al., 2010); however, LTD at this synapse requires concurrent activation of the parallel and climbing fibers (Chen & Thompson, 1995; Ito & Kano, 1982). In contrast to conditioned response acquisition, extinction of the conditioned response is mediated by parallel fiber LTP (Jorntell & Hansel, 2006) and climbing fiber inhibition (Medina et al., 2002).

Acute ethanol impairs the cerebellar synaptic plasticity described above (Valenzuela et al., 2010). In the case of parallel fibers, application of acute ethanol impairs the induction of parallel fiber LTD, but not LTP (Belmeguenai et al., 2008). The blockade appears to be partially mediated by parallel fiber mGluR1-activated excitatory postsynaptic currents, which are attenuated by moderately high extracellular concentrations of ethanol (50-80 mM) but not a lower concentration (20 mM) (Belmeguenai et al., 2008; Su et al., 2010).

Parallel fiber LTD can also be affected by action at the climbing fibers (He et al., 2013), and climbing fiber-related cerebellar plasticity is also affected by acute ethanol. Low concentrations of ethanol selectively impair climbing fiber evoked NMDAR-mediated excitatory postsynaptic currents (EPSCs) of Purkinje cells, but do not alter parallel fiber EPSCs (He et al.,

2013). These results indicate that altered NMDA receptor activity at the climbing fiber-Purkinje cell synapse may be the mechanism of action for low dose ethanol induced inhibition of cerebellar plasticity, as low (10 mM) and higher (50 mM) concentrations of ethanol dose dependently inhibit NMDAR-mediated EPSCs and LTD at parallel fiber-Purkinje cell synapse (He et al., 2013). However, it is likely such concentration dependent effects depend on a variety of factors including brain region. Additionally, higher concentrations of ethanol inhibit climbing fiber LTD through inhibition of mGluR1-activated EPSCs evoked by climbing fiber stimulation, which could have an indirect effect on parallel fiber-Purkinje cell LTD (Carta et al., 2006). These studies highlight the importance of glutamate in cerebellar synaptic plasticity, and suggest that the NMDA receptor may be the target for low dose ethanol LTD inhibition (He et al., 2013), while higher doses (50 mM, but not 20 mM) are required to affect mGluR-mediated LTD impairment (Belmeguenai et al., 2008; Carta et al., 2006). However, climbing fiber activation-induced complex spikes are affected by a wide range of ethanol concentrations, 10-75 mM, which reduce the area under the curve approximately 10-25%, respectively (Carta et al., 2006).

The ethanol induced changes in climbing fiber and parallel fiber activity described above ultimately alter Purkinje cell firing. As the sole output of the cerebellar cortex, Purkinje cells are an important target of ethanol's effects (Chu, 1983; Franklin & Gruol, 1987; George & Chu, 1984; Pauli et al., 1995; Phillips & Cragg, 1984; Urrutia & Gruol, 1992; Van Skike et al., 2010). Although LTD at the parallel fiber-Purkinje cell synapse is the representative cellular mechanism underlying motor learning (Ito, 1986), Purkinje cells themselves are an important component of eyeblink conditioning. In Purkinje cell degeneration (*pcd*) mice, which lack Purkinje cells and thereby lack efferent projections to the deep cerebellar nuclei, associative eyeblink conditioning was severely impaired in terms of frequency, amplitude and timing of acquired conditioned

responses (Chen et al., 1996). Notably, acute ethanol exerts a biphasic response on Purkinje cell firing, with low doses administered systemically increasing the spontaneous activity of Purkinje cells and high doses inhibiting spontaneous activity (Chu, 1983). This mirrors the effect of ethanol on eyeblink conditioning in which low doses slightly facilitate (Hernandez & Powell, 1986) and higher doses impair (Hernandez et al., 1986) the acquisition of the conditioned responding. Interestingly, Purkinje cells may not be required for extinction as the *pcd* mice exhibit proper extinction of the conditioned response (Chen et al., 1996).

Another way in which Purkinje cells can directly contribute to cerebellar plasticity is through calcium signaling, which is an integral component of synaptic plasticity (Lamont & Weber, 2012). Climbing fiber activation produces a calcium transient in Purkinje cell dendrites (Knopfel et al., 1991; Ross & Werman, 1987) that is required for induction of parallel fiber LTD (Konnerth et al., 1992). These transients in Purkinje cells are generated by activation of voltage-gated calcium channels (Knopfel et al., 1991; Ross & Werman, 1987), which are affected by application of acute ethanol. For instance, voltage-dependent calcium current amplitude is reduced by application of 50 mM, but not 20 mM, ethanol suggesting that only moderately high ethanol concentrations block Purkinje cell calcium currents and prevent the induction of parallel fiber-LTD (Belmeguenai et al., 2008).

In summary, ethanol can inhibit cerebellar synaptic plasticity through a wide variety of mechanisms (Belmeguenai et al., 2008; Carta et al., 2006; He et al., 2013; Su et al., 2010), but ultimately impairs LTD at the parallel fiber-Purkinje cell synapse, considered to be the cellular correlate of cerebellar learning (Ito, 1986; Jorntell & Hansel, 2006; Valenzuela et al., 2010). Indeed, parallel fiber LTD has been shown to be directly related to eyeblink conditioning (Emi et al., 2013; Yuzaki, 2013), although there are some discrepancies (Schonewille et al., 2011). As

would be expected from the inhibition of parallel fiber LTD by ethanol, ethanol also impairs eyeblink conditioned response acquisition (Hernandez et al., 1986; Hobson, 1966), although a low dose of ethanol may slightly facilitate eyeblink responding (Hernandez & Powell, 1986). Ethanol also impairs extinction of the conditioned response (Hernandez & Powell, 1986; Hernandez et al., 1986), which is mediated by parallel fiber LTP (Jorntell & Hansel, 2006) and climbing fiber inhibition (Medina et al., 2002). Inconveniently, ethanol's effects on the cellular components involved with extinction are the opposite of what the behavior would predict. Ethanol does not affect parallel fiber LTP (Belmeguenai et al., 2008) and climbing fibers are inhibited by ethanol (Carta et al., 2006; He et al., 2013), which should facilitate extinction in light of Medina et al., 2002. Nevertheless, this section demonstrates that ethanol generally inhibits cerebellar learning by inhibiting mechanisms of cerebellar plasticity.

Amygdala

The amygdala is involved in emotional learning and memory (LaBar & Cabeza, 2006), especially with enhanced reaction and recall of emotionally arousing material. For instance, blood oxygen level dependent activation in the right amygdala is greater for unpleasant words, compared to neutral words (Tabert et al., 2001). Additionally, an increased glucose metabolic rate is positively correlated with long-term recall of emotional, but not neutral, films (Cahill et al., 1996). In animals, the amygdala and its circuits are important for fear conditioning (Kim & Jung, 2006). An elegant series of pharmacological inactivation experiments indicate that the amygdala, while not necessary for innate fear responses, is critically involved in the formation of the learned fear response (Ribeiro et al., 2011).

Compared to contextual fear conditioning which is modulated by hippocampal function (Kim & Fanselow, 1992; Maren & Fanselow, 1997), cued fear conditioning, which modulated by amygdala function (Phillips & LeDoux, 1992; Fanselow & Poulos, 2005; Maren, 2008), is less susceptible to modulations by ethanol. Specifically, 1.0 g/kg and 1.5 g/kg ethanol suppressed cued conditioning by 9% and 17%, compared to 78% and 86% suppression in context conditioning (Melia et al., 1996). There is some evidence that ethanol's effects on fear conditioning may be strain-dependent, and likely genetically influenced. For instance, acute withdrawal 6 hours after a single 4.0 g/kg ethanol exposure increases cued responses in DBA/2J mice, which are withdrawal-sensitive, but does not affect cued responding in C57BL6/6J mice, which are withdrawal-resistant (Tipps et al., 2015). However, acute intoxication has been shown to impact cued fear conditioning in C57BL6/6J mice, suggesting the effects of acute intoxication, as opposed to withdrawal, are not strain- or species- dependent.

Although some studies do not report an ethanol induced impairment in cued fear conditioning (Melia et al., 1996; Weitemier & Ryabinin, 2003) or emotional cue recall (Ray et al., 2012), there is much evidence supporting ethanol induced modulation of emotional memory. Much like memory systems in the cerebellum and recall of explicit long term memories (discussed in the next section), ethanol has bidirectional effects depending on the timing of intoxication relative to learning. Specifically, 0.65 g/kg ethanol administration in humans facilitates recall for material that was viewed before intoxication and decreases recall for material acquired after ethanol consumption. Additionally, there is a greater retrograde facilitation and anterograde impairment for emotional compared to neutral material (Knowles & Duka, 2004), suggesting that the amygdala and its circuits are affected by acute alcohol. This has also been shown in mice with 0.25 g/kg ethanol producing a retrograde enhancement, and 1.0

and 1.5 g/kg ethanol yielding an anterograde impairment of the cued fear response (Gulick & Gould, 2008). Studies in mice suggest that 1.0 and 1.5 g/kg ethanol administration may alter the encoding or acquisition of cued fear conditioning, as ethanol given prior to training disrupts cued conditioning, whereas ethanol intoxication after training or during testing does not impact the cued fear response (Gould, 2003; Gulick & Gould, 2007). The impaired encoding produced by 1.0 g/kg ethanol impairs long-term cued fear memory for at least one week (Gulick & Gould, 2007). Interestingly, studies investigating the effects of acute ethanol exposure on cued fear conditioning in rats are sparser than those conducted in mice, and may have opposing results. This could be due to an effect discovered in a recent study where 1.5 g/kg ethanol administration in Sprague Dawley rats disrupts cued fear acquisition and conditioning, but cued fear deficits were not present when baseline freezing differences were controlled (Broadwater & Spear, 2013).

Although the evidence is somewhat mixed, acute ethanol (Gould, 2003; Gulick & Gould, 2008; Knowles & Duka, 2004) and acute withdrawal (Tipps et al., 2015) appear to impact fear conditioned and emotional memories, which are modulated by the amygdala. Specifically, ethanol produces a retrograde facilitation and anterograde impairment of emotional memories in both humans (Knowles & Duka, 2004) and mice (Gulick & Gould, 2008). These data caution against drinking to alleviate depression, anxiety, or frustration, as ethanol actually facilitates recall of emotional memories acquired before intoxication, rather than relieving one's emotional ailments. Additionally, ethanol appears to exert its short- and long-term anterograde memory impairment through disrupted acquisition or encoding (Gould, 2003; Gulick & Gould, 2007), rather than interfering with retrieval.

Acute Ethanol and Human Memory

Alcohol produces differential effects on human memory stores that are dependent on many factors including quantity, metabolism, rising or falling phase of intoxication, timing of alcohol relative to learning and recall, and the type of memory considered. For this section, it is assumed that all participants in the studies reviewed have some prior alcohol experience, so the acute effects of alcohol on memory will be defined as those which occur within a single laboratory-controlled drinking episode in moderate alcohol consumers unless otherwise noted. Since alcohol has specific effects on different memory stores, this section will review alcohol's effects on various types of short- and long-term memories.

Working memory is the temporary maintenance of a finite amount of information over a period of several seconds, in such a way that the information can be processed and manipulated. Alcohol dose dependently and selectively impairs certain aspects of working memory. For instance, a moderate dose of alcohol resulting in a BAC of 70 and 90 mg/dL impairs working memory capacity in participants with high, but not low, working memory capacity (Finn et al., 1999). This impairment is likely driven by ethanol's selective impairment on mnemonic strategies needed for encoding and retention rather than a decreased working memory capacity (Saults et al., 2007). Furthermore, alcohol induced memory impairments are dependent on age, such that older participants aged 55-70 years displayed greater working memory impairment at a BAC of 65 mg/dL compared to younger participants aged 25-35 years (Boissoneault et al., 2014).

Additionally, alcohol may impair visual-spatial working memory, particularly on the descending limb of the BAC curve at concentrations near the legal limit. For instance, alcohol impairs performance on a visual-spatial working memory task during the falling phase of BAC

from 90 to 80 mg/dL (Schweizer et al., 2006), however, a different visual-spatial working memory task conducted during the descending limb at an average BAC of approximately 65 mg/dL and did not detect any impairment in visual-spatial working memory (Paulus et al., 2006). A slightly lower mean BAC of 59 mg/dL does not impair spatial working memory, but impairs spatial recognition (Weissenborn & Duka, 2003). Collectively, these data indicate that spatial working memory may be spared by ethanol at mild concentrations, but could be impaired at BACs nearing the legal limit.

As previously alluded to, some working memory impairments are dependent on the phase of ethanol metabolism and are specific to the ascending or descending phases of the BAC curve (Söderlund et al., 2005). This phenomenon is termed acute functional tolerance, which develops within a single drinking session and is characterized by greater impairment on the ascending phase compared to the equivalent BAC on the descending phase (Wallace et al., 2006). In a task of working memory, intoxication at BACs of 68 and 80 mg/dL results in slower reaction time and increased errors during the rising phase of alcohol intoxication. However, the effects of declining BAC on these measures is divergent. Acute functional tolerance develops for reaction time, indicated by a recovery of impairment during declining BACs; whereas tolerance does not develop to working memory errors, which were still increased compared to control participants at BACs of 73 and 64 mg/dL (Grattan-Miscio & Vogel-Sprott, 2005). This pattern of tolerance to reaction time, but not to accuracy exists for several different cognitive functions, including inhibition, information processing, and working memory (as reviewed in Schweizer & Vogel-Sprott, 2008). Curiously, certain types of working memory show ethanol induced impairments only on the descending phase of the BAC curve, but not during the ascending phase, such as the accuracy of visual memory and visual-spatial memory (Schweizer et al., 2006). Importantly,

these data indicate that there are contributors other than BAC levels to alcohol induced memory impairments, as BAC alone does not always predict the level of impairment. Additionally, tolerance is not a global phenomenon; rather tolerance is specific to the type of memory that is being considered.

Situational or environmental factors may be able to regulate intentional control of intoxication states, as certain effects of ethanol on working memory can be modulated by the presence of a reward. Specifically, the alcohol induced deficit in reaction time can be completely countered by a monetary reward, but accuracy is still impaired despite the presence of an incentive (Grattan-Miscio & Vogel-Sprott, 2005). This effect, along with the lack of acute functional tolerance for errors of working memory, indicates that the accuracy of short-term memory may be particularly sensitive to ethanol induced impairments. Given that these effects occur below the current legal limit (64-80 mg/dL), there are safety implications that should be considered for driving at these BAC levels.

Acute alcohol also affects several different aspects of long-term memory, which is comprised of implicit (non-declarative) and explicit (declarative) memories. Implicit memories do not require conscious effort for recall and include procedural memories for performing actions, familiarity, and priming, where prior experience influences current performance. Alcohol consumption differentially affects implicit and explicit memories. For instance, participants learned a task while intoxicated, 60 minutes after consuming either 0.3 or 0.6 g/kg ethanol, and were given tests of explicit memory, measured by free recall, and implicit memory, assessed by backwards-reading and word completion. Both doses of ethanol impaired explicit memory, but did not impair implicit memory (Lister et al., 1991). Although alcohol administered prior to encoding does not affect the accuracy of implicit memories, it does reduce

awareness of these memories (Duka et al., 2001). The selective deficit of alcohol on explicit memory while sparing implicit memory has strong parallels to rodent data previously reviewed where ethanol selectively impaired allocentric memory while sparing (and perhaps facilitating) egocentric, habit based memory. Specifically, the selective impairment of explicit memory in humans and allocentric memory in rodents would result in an increased reliance on egocentric memory in rodents and intrinsic memory in humans, habitual memory strategies that can occur without conscious recollection. The development of an alcohol use disorder therefore would be the resultant cognitive switch from limbic system function to striatal system function.

Priming tasks are excellent experimental manipulations to test this hypothesis because they measure the transfer from prior memories that are not dependent on conscious recall (Roediger, 1990) and are another way to assess implicit memory. Alcohol-related implicit priming cues increase alcohol consumption in a laboratory setting (Roehrich & Goldman, 1995) exactly as would be predicted. However, implicit alcohol expectancies are not changed by BACs of 75 to 80 mg/dL as measured with the Implicit Associations Test in current drinkers (Pedersen et al., 2011). In contrast, at a BAC of 40 mg/dL, risky drinkers showed increased response time toward positive alcohol outcomes compared to negative outcomes (Palfai & Ostafin, 2003). These implicit cognitions regarding alcohol expectancies are important contributors to drinking behavior, as implicit expectations predict alcohol consumption along with explicit expectations (Stacy, 1997). It follows that heavy drinkers have stronger positive implicit associations for alcohol expectancies than lighter drinkers (Palfai & Ostafin, 2003; Pedersen et al., 2011; Wiers et al., 2002). In summary, it appears that alcohol intoxication does not directly impair implicit memory, although it can reduce awareness of these memories. Additionally, acute alcohol

intoxication only affects implicit alcohol expectancies in risky drinkers, but does not change implicit expectancies in moderate alcohol consumers.

Explicit or declarative memories are memories that can be consciously recalled, and fall into two main categories: episodic and semantic and would expected to be impaired by alcohol. Episodic memory is a type of long-term memory for specific events and the temporal-spatial relationships among different events, while semantic memory is used for language (Tulving, 1972). The difference between these two types of memory stores is difficult to distinguish in a laboratory setting, leading some to argue against a functional separation of the episodic and semantic memory systems (McKoon & Ratcliff, 1979); therefore, explicit memory will be considered as a whole in this section.

Perhaps the most obvious impairment of explicit memory comes from ethanol induced blackouts. These blackouts can be either fragmentary, where only certain memories are lost and may be retrievable with sufficient cuing, or en bloc, in which ethanol induced amnesia for the intoxication period is permanent (Lee et al., 2009). En bloc blackouts are less common than fragmentary blackouts, but the rate of occurrence for both types of blackouts increases with increasing BAC (Hartzler & Fromme, 2003). However, fragmentary blackouts can occur with estimated BACs below the legal limit (Hartzler & Fromme, 2003). Additionally, some individuals, without sober memory deficits, may be more vulnerable to alcohol induced blackouts: These individuals report blackouts at BACs that do not induce blackouts in others at the same BAC level (Wetherill & Fromme, 2011). Furthermore, alcohol has differential effects on blood oxygenation level-dependent (BOLD) activity during contextual recall in those with and without history of fragmentary blackouts, despite similar BOLD activation during recall when sober (Wetherill et al., 2012). Not only can alcohol prevent encoding for remembering

what has happened in the immediate past, it can also impair memory for future tasks, termed prospective memory. There are several different distinctions within this memory category, including time-based (remembering something to be done at a specific time) versus event-based (remembering to do the task itself) and regularly occurring tasks (medications) versus irregular occurrences (pick up the dry cleaning). Acute alcohol intoxication impairs all types of prospective memory (Leitz et al., 2009).

Alcohol differentially impacts explicit memory based on whether the alcohol is consumed before or after learning. For instance, when participants were intoxicated at a BAC of 70 mg/dL during an incidental learning task, free recall was impaired; however, this deficit could be countered by providing cues (Birnbaum et al., 1978). Additionally, free recall after intoxicated word learning was shown to be significantly impaired by BACs of 54 mg/dL, but not 17 mg/dL (Lister et al., 1991). In contrast, when free recall and paired-associate lists were learned sober, intoxicated free recall after a one week delay was similar compared to people who both learned and recalled sober (Birnbaum et al., 1978). Similarly, consumption of 0.65 g/kg alcohol facilitates emotional memory for images seen before intoxication, and impairs memory for images presented after intoxication (Knowles & Duka, 2004). These data indicate that moderate intoxication during encoding negatively impacts recall, whereas intoxication at the time of retrieval is not impaired and may even be facilitated by ethanol.

Additionally, ethanol has been shown to enhance other aspects of episodic memory involving recognition, as ethanol intoxication yielding a BAC of 80 mg/dL can retroactively enhance memory for recent information acquired when given immediately after sober learning (Parker et al., 1980), and this effect can occur with BACs as low as 34 mg/dL (Parker et al., 1981). Furthermore, BACs of 80 mg/dL were associated with enhanced free- and cued- word

recall 24 hours after an incidental learning task (Parker et al., 1980). This retroactive memory enhancement has been attributed to enhanced trace consolidation (Parker et al., 1981) and reduced acquisition of interfering memories (Hewitt et al., 1996; Mueller et al., 1983). Collectively, these studies show that ethanol does not produce a global memory impairment, and can in fact facilitate some aspects of long-term memory.

At a neurological level, impaired encoding is associated with reduced activity in various brain regions based on the type of information being encoded: Inactivation of the left inferior frontal gyrus for nonverbal information, reduced right middle frontal gyrus activity for objects, reduced activity of the right inferior frontal gyrus for face-name pairs, and reduced parahippocampal and fusiform gyri activity for objects were associated with impaired memory performance during intoxication (Söderlund et al., 2007). However, alcohol does not impair verbal encoding and memory, which corresponds to similar activation in both intoxicated and control participants of the left prefrontal regions during encoding (Söderlund et al., 2007). Impairment of other brain regions have also been implicated in the negative effects of acute alcohol on memory performance. In fact, alcohol intoxication with a mean peak BAC of 103 mg/dL has been compared to memory deficits seen in patients with prefrontal lobe damage due to the alcohol induced impairments of executive functioning, including impaired working and perceptual memory (Peterson et al., 1990). In sum, alcohol alters brain function (Oscar-Berman & Marinković, 2007), which can manifest as impairments in learning and memory (Peterson et al., 1990; Söderlund et al., 2007).

Collectively, these studies on ethanol-induced memory impairments show that acute ethanol does not produce a global memory impairment (see table 2 for summary). Regarding explicit long-term memory, alcohol intoxication impairs prospective memory (Leitz et al., 2009)

and memory encoding (Birnbau et al., 1978; Lister et al., 1991), but facilitates retrieval (Parker et al., 1980) and does not affect long-term implicit memories (Lister et al., 1991). The differential effects on encoding compared to retrieval highlight that the timing of ethanol exposure relative to learning and recall is imperative in determining its effects. Similarly, various types of short-term working memory are differentially impaired by the different phases of ethanol metabolism (Schweizer et al., 2006), indicating that BAC alone does not predict alcohol's effects. As outlined previously and supported in the reviewed human imaging studies, acute alcohol intoxication alters functioning of the limbic circuitry centered on the hippocampus and prefrontal lobes, particularly in the right hemisphere (Oscar-Berman & Marinković, 2007), which corresponds to impaired memory performance (Peterson et al., 1990; Söderlund et al., 2007), and likely facilitates behavioral control of the sensorimotor circuitry. Additionally, several impairments in both short- and long-term memory occur below the current legal limit in the United States of 80 mg/dL (see table 2), indicating that this BAC should not necessarily be considered a safe level of intoxication.

Conclusions and Future Directions

Acute alcohol exposure alters multiple memory systems and likely produces these effects by altering neural function through a variety of mechanisms that are dependent on dose, brain region, task demands, and timing of ethanol exposure relative to training and testing (see Tables 1 and 2 for summary). Additionally, individual sensitivities to the intoxicating effects of ethanol are dependent on genetics, pharmacokinetics, pharmacodynamics, tolerance, and social factors, among others.

The hippocampus has received much attention due to its particular vulnerability to ethanol-induced impairments of behavior and neural function and its importance in learning and memory. With the exception of certain types of challenging spatial working memory tasks, ethanol produces dose dependent impairments in hippocampal based learning and memory tasks regardless of the motivational, behavioral, or temporal nature of the experimental procedure. In addition, it has been determined that there are at least two mechanisms by which ethanol produces these impairments: 1. Through altering medial septal acetylcholine and GABAergic projections into the hippocampus and 2. By increasing allopregnanolone levels directly in the hippocampus.

Alcohol was known to impair cerebellar functioning long before the cognitive functions of the cerebellum were appreciated and received extensive study. Cerebellar synaptic plasticity is impaired by alcohol through a wide variety of mechanisms, including inhibiting LTD at the parallel fiber-Purkinje cell synapse, which is considered to be the cellular correlate of cerebellar learning (Ito, 1986; Jorntell & Hansel, 2006; He et al., 2013; Su et al., 2010). Mirroring this effect, moderate to high doses of ethanol also impair the acquisition of conditioned eyeblink responding (Hernandez et al., 1986; Hobson, 1966). Together, the data indicate that ethanol likely impairs cerebellar learning by inhibiting mechanisms of cerebellar plasticity.

Although discrepancies have been found regarding amygdala dependent fear conditioning, there is some evidence in both animal models and humans that ethanol produces a retrograde facilitation and anterograde impairment of fear conditioned and emotional memories (Gulick & Gould 2008; Knowles & Duka, 2004). This bidirectional effect is similar to alcohol's effects on explicit long-term memory: intoxication impairs prospective memory (Leitz et al.,

2009) and memory encoding (Birnbbaum et al., 1978; Lister et al., 1991), but facilitates retrieval (Parker et al., 1980). Therefore, alcohol does not produce global memory impairments.

While much is currently known about the effects of acute alcohol on learning and memory, several issues remain unknown and are in need of additional investigation. Fortunately, research has progressed to the point where specific studies can be proposed and predicted results can be hypothesized. For example, additional studies are needed that directly investigate the effect of ethanol on cognition while neural activity is being concomitantly recorded. Although these studies are technologically difficult and time consuming, the marrying of ongoing brain activity with behavior is needed to more fully understand how alcohol impairs cognition.

Specifically, it is well known that acute alcohol administration produces impairments in hippocampal-dependent spatial memory tasks without producing impairments in caudate dependent non-spatial tasks. In addition, recent research has shown that spatial memory in adolescent and adult animals, compared to aged animals, is less impaired by acute alcohol exposure. Based on these previous findings, if animals of different ages (adolescent, adult and aged) are trained on a task that can be performed using either spatial (hippocampal dependent) or non spatial (caudate dependent) strategies while the neural activity of hippocampal and caudate neurons are recorded, it can be predicted that acute alcohol exposure will produce significantly greater alterations in the neural activity of hippocampal neurons compared to caudate neurons and the greater alterations will significantly correlate with animal age. In more general terms, the research field has progressed to the point of predicting results based on brain region, age and task.

Secondly, almost no informative genetic work has been accomplished on ethanol's ability to impair learning and memory. With the development of consomic and recombinant inbred

mouse strains such as the BxD strains, rapid understanding of candidate genes underlying ethanol's ability to alter cognition could occur. Third, it is important to determine the parameters of when acute alcohol produces greater, or less, cognitive impairments in adolescents compared to adults. The potential government policy issues related to this issue is of great importance, but currently little agreement exists in the field and work should more systematically address this issue. Fourth, advanced behavioral studies need to be conducted to more fully explore if acute alcohol exposure facilitates striatal-based, habit learning, at the expense of other types of learning, and assess the dynamics and mechanisms of such shifts from goal-directed to habit-based behaviors (Gremel et al., 2016). Of particular interest is whether the propensity to develop habit learning is genetically correlated with family history for alcohol use disorder (or in rodent selected lines, genetic predisposition for high voluntary alcohol drinking), and the extent to which facilitated habit formation depends on the history of alcohol use. Finally, virtual techniques (e.g., virtual Morris water maze) exist for use with human subjects that are similar to techniques used in animal models. The use of these virtual techniques coupled with alcohol exposure will greatly bridge the animal and human work and allow for the field to become truly translational in nature.

Alcohol is among the most used and abused drug in the world and has a profound impact on learning and memory. Given the importance of cognition in the human life, better understanding of how alcohol impacts learning and memory throughout the lifespan is a critical and important research area. Our hope is that by telling the story of where the field has been we will facilitate the development of exciting research strategies to fully understand the complex interaction of alcohol and cognition.

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Table 1. Effects of ethanol on brain region dependent tasks.

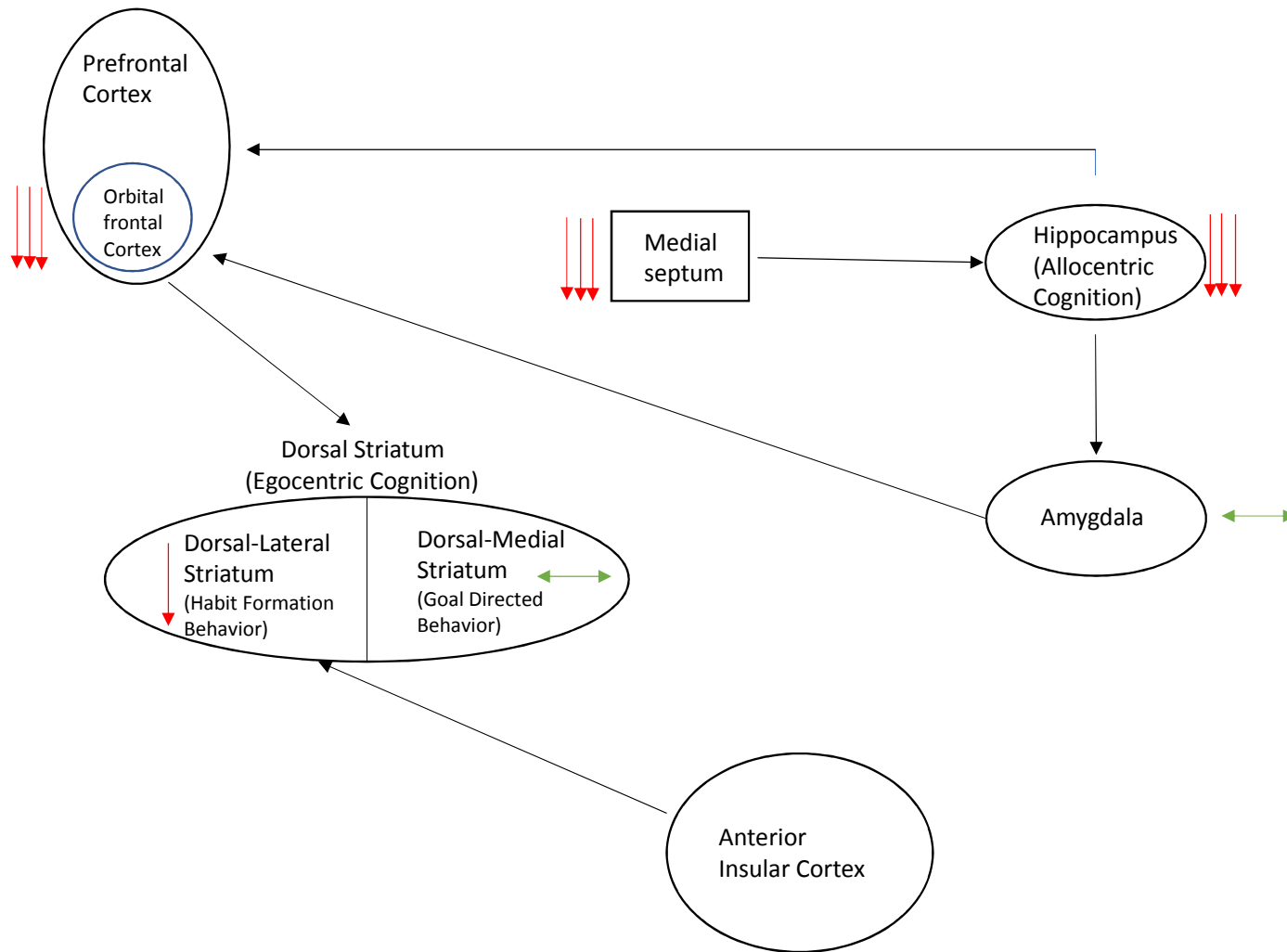
Brain Region	Task	Effective Doses	Effect of Acute Alcohol	Citations
Hippocampus	Spatial Working Memory	0.5 g/kg, i.p.	Low dose facilitation under challenging task conditions	Rossetti et al., 2002
		0.75 - 2.0 g/kg, i.p.	Otherwise, dose-dependent impairments	Hoffmann & Matthews, 2001; Givens 1995
	Spatial Reference Memory	1.5 - 2.0 g/kg, i.p.	Dose-dependent impairments	Matthews et al., 1995; 2002; Shimizu et al., 1998; Wright et al., 2003
	Contextual Learning and Memory	0.8 - 1.6 g/kg, i.p.	Impairs contextual learning and memory when administered before training or testing	Devenport & Carter, 1986; Melia et al., 1996; Weitemier & Ryabinin, 2003
	Trace Conditioning	0.8 - 2.5 g/kg, i.p./i.g.	Impairs trace conditioning when administered before or after training (with a long trace), but not before testing	Hunt et al., 2009; Land & Spear, 2004; Weitemier & Ryabinin, 2003
	Spontaneous Alternation	2.0 g/kg, i.p.	Inhibits spontaneous alternation	Cox, 1970
	Novel Object Recognition	2.4 g/kg, i.p. in C57BL/6J mice 1.0 g/kg, i.p. in Kun Ming mice	Impairs novel object recognition when administered before training, but not after	Ryabinin et al., 2002; Yu et al., 2013
	Long-term potentiation in vitro	5-100 mM	Inhibits and blocks LTP	Blitzer et al., 1990; Lovinger et al., 1989, 1990
Cerebellum	Place cell specificity in vivo	1.0 - 2.0 g/kg, i.p.	Disrupts spatial specificity of place cells in awake, freely behaving rats	Matthews et al., 1996; White & Best, 2000
	Eyeblink conditioning	0.375 g/kg i.g.	Low doses facilitate conditioned responding	Hernandez & Powell, 1986
		0.75 – 1.5 g/kg i.g	Dose-dependent inhibition at moderate to high doses	Hernandez et al., 1986; Hobson, 1966
		0.75 g/kg i.g.	Delays extinction	Hernandez et al., 1986

	Long-term depression	10-80 mM	Dose-dependent inhibition	Belmeguenai et al., 2008; He et al., 2013
Amygdala	Cued conditioning	1.0 – 1.5 g/kg, i.p.	Pre-training ethanol impairs cued responding	Gulick & Gould, 2008
		0.25 g/kg, i.p.	Post-training low-dose ethanol enhances cued responding	Gulick & Gould, 2008
		0.25 – 1.5 g/kg i.p.	No effect when administered during testing	Gould 2003; Gulick & Gould, 2007
	Emotional memory recall	0.65 g/kg p.o.	Anterograde impairment	Knowles & Duka, 2004
		0.65 g/kg p.o.	Retrograde facilitation	Knowles & Duka, 2004

Table 2. Effects of acute ethanol on human memory

Memory Store	Task	Effective BAC/dose	Effect of Acute Alcohol	Citations
Short term memory	Working memory	70-90 mg/dL	Impairs working memory capacity	Finn et al., 1999
		65 mg/dL	Greater working memory impairment in older participants compared to adults	Boissoneault et al., 2014
		68-80 mg/dL	Acute functional tolerance develops to ethanol induced increases in reaction time, but not error rates	Grattan-Miscio & Vogel-Sprott, 2005
	Visual-spatial working memory	90-80 mg/dL	Impairs visual-spatial working memory performance during the descending limb of BAC curve	Schweizer et al., 2006
		59-65 mg/dL	No effect on visual spatial working memory	Paulus et al., 2006; Weissenborn & Duka, 2003
Implicit long term memory	Backwards reading and word completion	0.3-0.6 g/kg	No impairment of implicit memory when words were learned during intoxication	Lister et al., 1991
	Priming	75-80 mg/dL	Implicit alcohol expectancies are not changed in moderate drinkers	Pedersen et al., 2011
		40 mg/dL	Increased implicit association toward positive alcohol outcomes in risky drinkers	Palfai & Ostafin, 2003
Explicit long term memory	Blackouts	70-420 mg/dL	Occurrence of both fragmentary and <i>en bloc</i> blackouts increases with increasing BAC	Hartzler & Fromme, 2003
	Recall	54-70 mg/dL	Impaired intoxicated recall when task was learned while intoxicated	Birnbaum et al., 1978; Lister et al., 1991
		70 mg/dL	No effect on intoxicated recall with a long delay after sober learning	Birnbaum et al., 1978
		80 mg/dL	Enhanced sober recall after 24h when administered immediately after sober learning	Parker et al., 1980
	Recognition	34-80 mg/dL	Retroactive enhancement when administered immediately after sober learning	Parker et al., 1980; 1981
	Prospective memory	0.6 g/kg	Impairs all types of prospective memory	Leitz et al., 2009

Figure 1: Potential Brain Region Schematic Underlying the Cognitive Switch Produced by Acute Ethanol on Cognition. The red arrows indicate brain regions impacted by acute ethanol exposure while the green arrows indicate brain regions marginally impacted by acute ethanol exposure. The number of red arrows indicate the strength of the impairment in function. As can be seen, acute ethanol exposure strongly impairs the functionality of the medial septum, hippocampus and prefrontal cortex/orbitofrontal cortex brain regions. This impairment reduces an organisms reliance on allocentric cognition. Concomitantly, acute alcohol produces a smaller impairment in dorsal-lateral striatum function and marginal effects in both dorsal-medial striatum and amygdala function thereby facilitating egocentric cognition. Given the large impairment in the hippocampal/prefrontal cortex system and smaller impairments in the striatal system, acute ethanol exposure can set up an “addiction memory” by facilitating a switch to habit based behavior (dorsal-lateral striatum) based on specific cues (dorsal-medial striatum) function.



Highlights

Ethanol has selective impairments on learning and memory

Ethanol facilitates a cognitive switch from goal directed to habit directed memory